

Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)205-0380

From: Account Name : CORPORATION SERVICE COMPANY  
 Account Number : I20000000195  
 Phone : (850)521-1000  
 Fax Number : (850)558-1575

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**REGISTERED AGENT CHANGE**

**BEST DYSPHAGIA MANAGEMENT SERVICES, INC.**

Certificate of Status	0
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 4-24-06*

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Texas In order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: BEST DYSPHAGIA MANAGEMENT SERVICES, INC.
2. The principal office address: 5681 Benigrass Drive, #104, Sarasota, FL 34241
3. The mailing address (if different):
4. Date of incorporation/qualification: April 29, 2004 Document number: F04000002339
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

- 6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Carol Winchester, Pres (Signature of an officer or director)
Carol Winchester, President (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company
By: Sylvia Queppet (Signature of Registered Agent)
4-19-06 (Date)

If signing on behalf of an entity:

Sylvia Queppet, Asst. Vice President
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)